LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. II. LOUISVILLE, JULY 22, 1876. No. 4.

THE HEATED TERM FOR 1876.

If the centennial recurrences of the birthday of the great republic are to be attended with such thermometrical ranges as those of the past few days, we think it probable that in the future people will be as quiet as possible on the returns of such occasions. There were undoubtedly over one hundred deaths in Philadelphia in six days from excessive heat, and there is as yet no sign of abatement. One would be almost tempted, except through fear of the astronomers, to imagine that the sun is standing still, shooting vertical instead of slanting rays of heat on our unoffending planet. We have to take them as they come, because there is no retreat from their force. There was once hope in the protecting powers of the night; but even that is gone, for the simple reason that the nights seem to be as melting as the days. We are as much troubled in seeking change and safety as Moses predicted the Jews would be in repeated transgressions, when he described them as panting all day wishing it were night, and tossing all night restlessly wishing that day would come. There was no peace for them. What has become of our peace?

We have tried to call up some imagination of that tender scene of the Duke in Twelfth Night:

> "That strain again! it had a dying fall;
> O, it came o'er my ear like the sweet south
> That breathes upon a bank of violets,
> Stealing and giving odor."

Alas! the "sweet south" has ceased to move even as a zephyr. The air is so hot that its moisture seems to be used as drinks for the inhabitants of some comet or satellite of the sun. That moisture has ceased to fall on our planet as rain. Professor Proctor demonstrated to us that our earth would probably perish for the want of heat. We confess that the present experience of the planet is rather against that idea. Instead of perishing with cold, the earth and the inhabitants thereof bid fair to be burned.

This should be an excellent time for the success of the British expedition to the North Pole. Surely there can be no ice in the arctic regions now. The vessels of the exploring expedition should not find any thing to obstruct their journey now to "the open polar sea." How delightful must be the experience of those who now undertake to run in the openings to "the open sea" that were formerly filled with ice-floes, pack-ice, icebergs, and other specimens of congelation, in finding the whole region a mass of melted water! We long to hear from these people, and to learn from themselves their delighted experiences.

Shakespeare talks about "leaping over a cold decree." We should be pleased to know where there is any thing of that kind, and whether a man could now leap over any thing, when it is painful to step over a straw.

Oh! this state of heat is intolerable. What is to become of us if it continues a few days longer? How are vocations to be filled now, to say nothing of avocations? for the latter seem to be utterly withered. Can it be reasonably expected that men shall take up notes in bank or do any kindred work?

But the sun is moving, the thermometer is rising (now ninety-six in the shade), and exertion of any kind is out of the question. We pause.

Original.

TWO CASES OF SYMBLEPHARON—OPERATION—CURE.

BY R. C. BRANDEIS, A. M., M. D.

Symblepharon is an adhesion of the eyelids to the globe, and is generally due to some traumatic lesion, such as the destruction of the conjunctiva by lime or molten metal. It is most common in the lower lids, and is caused by the denudation and destruction of the opposed surfaces of the ocular and palpebral conjunctiva, which will in almost every case become firmly united in healing in spite of our most determined efforts to keep them apart. This union may extend over only a part of the eye, and is then a simple symblepharon. If, however, it extends to and involves a large part of the cornea, it is then called a "*symblepharon cum cornea*," and gives rise to great irritation and distress, which is due in part to the impaired mobility of the globe in its socket.

CASE I.—Jas. F., aged twenty-four years, laborer, came to me on the 24th of April, 1874, telling me that four years previously he had received an injury on the right eye, in consequence of a powder-explosion which occurred while blasting stone. On examination of his eye I found the following condition: the upper lid of the right eye was adherent to the globe through more than one fourth of its extent, ranging from the inner canthus to the upper transverse conjunctival fold; which adhesion was due to a mass of cicatricial tissue, which also contained the two canaliculi, and spread over the globe to the corneal border, and from there extended over the surface of the cornea to its vertex in the same manner as a pterygium.

On the day following I performed the following operation: The patient having been etherized, I first separated the wing-shaped mass from the underlying cornea by means of a cataract knife and delicate forceps, being careful to avoid any injury of its exposed surface; and, having thrown this back, dissected the entire mass off from the sclerotic, only leaving the tear duct intact, by means of large and free incisions; so that the entire mass represented a flap, the wounded surface of which could be brought in contact with the wounded surface of the upper lid, while its epithelial surface would be in apposition with the denuded surface of the eye-ball. In order, now, to spread this flap over the entire wound of the upper lid, and to retain it in this position, I threaded two needles to the two ends of a fine silken thread, passed one through the inner and later on the other through the outer border near their ends, and from the epithelial to the raw surface; then I pushed the flap, first with one and then the other needle, under the uplifted eyelid, and then transfixed the same by means of the two needles, these passing through the lid as high up and far from the eyeball as possible, so that the entire flap was in contact with the inner surface of the eyelid, and was kept there by means of a broad and smooth loop of thread. The two ends of the thread which had passed through the lid were knotted together by a small roll of sticking-plaster, which was done so as to exert some pressure on the lid. I put the patient on simple, nourishing diet, and ordered cold-water applications, which were to be renewed at short intervals.

On the day following the patient complained of the pain produced by the roll of plaster, which I then removed, and put a small piece of chamois skin in its place. On the third day after the operation (April 27th) I removed the thread. The next day all inflammatory symptoms had disappeared. The reversed flap was adherent throughout its entire surface. The edges of the wound were cauterized with a three-grain solution of the nitrate of silver.

I now did not see the patient for more than three weeks, and on his return I found that the symblepharon had entirely disappeared, with the exception of a slight folding of the conjunctiva, which occupied its

place. Even the opacity of that portion of the cornea which had previously been covered by the cicatricial mass was clearing up rapidly; and I gave the patient an ointment of the red oxide of mercury (four grains to the ounce of lard) in order to expedite the absorption.

I have seen the patient several times since, and noted a gradual clearing-up of the corneal opacity, as well as a disappearance of the cicatricial band which was first observable.

CASE II.—This occurred in a man aged fifty-four years, Jos. H., from New Albany, Ind., who ten years previously had severely injured his eye by pushing a piece of straw into it during a drunken frolic. He came to me on the 13th of September, 1875, when I found a symblepharon of the lower lid of the left eye, in the vicinity of the inner canthus, which at the margin of the lid extended from the lower canaliculus about four lines outward, but at the lower reflected portion of the conjunctiva did not seem to be so broad, as I could pass a probe under it from its outer border to near the *punctum lachrymale*. The upper and broader portion of this mass united the lower lid with the corneal border, and extended, like a thick, well-developed pterygium, over the greater portion of the corneal surface, so that the pupil was entirely covered. The lower canaliculus, which was pushed outward, was still permeable with a small Bowman's probe. On the other eye I also found a *pterygium crassus*, which partly covered the cornea, but did not interfere with the entrance of light through the pupil.

The operation on this patient was performed on the 16th of September. In order to diminish the wounded surfaces to their smallest possible size, I sought for the narrowest portion of the bridge, connected the eye with the lid by pushing a small grooved sound under the band from the outer to the inner edge until I felt it projecting with my index finger. Holding the sound in position, I passed a small sharp bistoury along its surface, and then piercing the inner band separated it by cutting upward and inward in the direction of the cornea, thus separating the entire mass from the eyeball. I also by means of a small convex knife dissected the remaining portion from the surface of the cornea. The entire mass now completely detached from the globe formed a flap, the wounded surface of which, if it were twisted on its axis, could be brought in contact with the wounded surface of the lower lid, while the epithelial surface would be opposite to the eyeball; to achieve which I, as in first case, passed two curved needles through the inner and outer edges, and then through the entire thickness of the lower lid. Both of these needles were passed through as low down in the conjunctival sac as possible, so as to put the flap well on the stretch; in order to do which, however, I had to use a needle-holder. The reversed fold thus held *in situ* covered the entire denuded surface, and united by first intention throughout its entire extent. I removed the thread on the fourth day after the operation, and gave the patient of two drams of laudanum to the ounce of distilled water, in order to facilitate the clearing-up of the cornea.

On the 8th day of October the patient again put himself under treatment, being desirous of having the pterygium removed, which still troubled the other eye. I then found that the operation was perfectly successful. There was no adhesion between the ball and the lids. On the seat of the former symblepharon the scleral conjunctiva was somewhat thickened, looking very like what is called a *pterygium tenne*. Further than this there was no trace of the former trouble.

This operation, which is a modification of the one described by Arlt in the *Prager Vierteljahreschrift*, vol. xi, page 161, is only, then, of service when the adhesion of the lid with the globe is only partial, and is not so stiff as to materially impede the natural mobility of the eye. When a symblepharon is once formed it is very apt to increase in size, in consequence of the continual irritation and congestion which is produced by

the continued movements of the eye from side to side, and will sooner or later encroach upon the corneal surface. The operation should be done as soon as possible, before the cornea has become affected; because that portion of the symblepharon which covers this part is never as highly vitalized as that extending over the conjunctiva, and is more likely to slough off after operation, thus impairing the result; nor does the cornea ever regain its normal transparency and luster.

LOUISVILLE.

INFANTILE MENSTRUATION.

BY C. D. ARNOLD, M. D.

In September, 1873, Mrs. K. gave birth to a female infant of medium size and weight, there being nothing observed about the child unnatural to young infants, otherwise than unusually well-developed mammæ.

During a period embracing about twenty-four hours, commencing on the third day from birth, it discharged from the vagina, according to the mother's estimate, about one dram of blood very much resembling in color and consistency the healthy menstrual discharge of the adult female; then it ceased, but reoccurred at intervals of three or four weeks, until February, 1875, at which time the child died of croup, as is affirmed by the mother, no physician being in attendance.

These discharges ordinarily lasted about one day (twenty-four hours), during which time the child was very feeble and quite cadaverous in appearance; but after the subsidence of the discharge it resumed its usual strength, color, and sprightliness, though its health was never considered good by the mother.

In February, 1876, the mother gave birth to another female infant, which weighed eleven pounds, and which has had excellent health since birth, and is now an exceedingly large and healthy child for one of its age. Its mammæ are large, but not so well developed as those of the former child. It has had, commencing about the end of the first week after birth, two periodical vaginal discharges of blood, each being accompanied by symptoms similar to those that characterized the discharges in the other; since which time nothing abnormal has taken place with the child.

Mrs. K. is the mother of four other children, two boys and two girls, both of the latter being healthy and presenting no abnormal features. Save for a short period of time during some slight uterine troubles following the birth of the two last children, the mother's health since marriage has been such as to enable her to perform the ordinary duties of both nurse and housewife, though she has been irregular in her "monthlies" during her menstrual seasons since puberty, which occurred at the age of fifteen years.

As the appearance of the discharge, according to the statement of the mother, was attended with many of the attributes of puberty, we ventured the opinion, when questioned by her as to their nature and cause, that they were perhaps both cases of precocious menstruation, yet at the same time having doubts as to its correctness.

There having been no sickness of a malarial character, nor any traceable to that cause in the family during the two latter pregnancies, and the phenomenon occurring in two members of the same family would certainly exclude a malarial influence.

They can not be ascribed to "injuries, various articles stuffed into the vagina for purposes of deception," etc., as is contended by some writers. Having no authorities at hand which mention cases of unquestioned precocious menstruation at an earlier age than nine months, I am not prepared to affirm the opinion expressed to the mother. Yet is not the ovarian theory sufficiently explanatory to clear up the phenomena; for ova are present even in the intra-uterine fœtus, according to some authorities.

If they were due to a lesion, they were equally as marvelous, from the fact of a like one occurring in two members of the same

family, as if they were both undoubted cases of precocious menstruation.

The strangest feature about the cases cited was the occurrence of the discharge in two successive births in the same family.

CECILIAN, KY.

A CASE OF PISTOL-SHOT WOUND OF THE STOMACH (?)—RECOVERY.

BY J. W. FATRELL, M. D.

H., a laborer, aged thirty-two years, in good health, was examining a Sharp's four-barrel revolver of $\frac{22}{100}$ cal., when the weapon, while within about four inches of his abdomen, was accidentally discharged, the ball entering the linea alba immediately over the region of the stomach. This was at seven o'clock in the evening. Half an hour after I saw the patient in consultation with Dr. Hall. The wound bled but little, owing, perhaps, to its being closed by the omentum. The track of the ball, as shown by the probe passed a short distance along it, seemed to be directly through the body. The patient was suffering somewhat, but not greatly, from shock. He was directed to abstain from all food, to drink the least possible amount of water, and to take one grain of opium every three hours till quiet. Two hours later he complained of a circumscribed pain one inch to left of the spinal column, nearly opposite to the wound in the epigastrium; but a careful examination of the part gave no evidence of the presence there of the ball.

Next day found the patient quiet; tenderness of the spine continued; external wound somewhat dry; temperature 100°; pulse 110. Ordered carbolized oil, which the patient declared he could taste in a few minutes after using. Patient was so hungry that I directed a tablespoonful of milk every two hours.

On the third day the patient was restless, with considerable distention of the stomach; pulse 110; temperature 102°. Gave enema of castor-oil, turpentine, and soapsuds, with the effect of emptying the lower bowel and securing quiet.

Next morning patient restless; stomach distended; temperature 104½°; pulse 115. Ordered a mild cathartic. At six o'clock P. M. patient was resting well; had vomited about half a gallon of black clotted blood, and passed a large amount by the rectum; stomach and bowels easy; opium continued.

On the fifth day patient quite lively; pulse 86; temperature 98½°. Gave food in small quantities, and discontinued opium. Four days after the patient was convalescent. Directed wine in small quantities; and on the fourteenth day after the injury he left the house, and soon resumed work as a farm laborer, and has suffered no inconvenience since from his wound.

PERRYVILLE, MO.

A CASE OF TRACHEOTOMY FOR FOREIGN BODY.

BY D. W. YANDELL, M. D.,
Professor of the Science and Art of Surgery in the University of Louisville, etc., etc.

Thomas Youstler, a robust boy, four years old, whose parents live near New Amsterdam, Ind., was holding some pebbles in his mouth, when one slipped into his windpipe. This was on the 6th of May last. The suffocative attack which succeeded imperiled the boy's life for some hours, but finally passed off, leaving the prolonged expiratory breathing usual in such cases. The patient continued to have occasional seizures of severe cough and dyspnœa, but kept up and about, and, on the whole, hearty, until the night of June 22d, when the pebble again shifted its place, and for the second time put his life in jeopardy. His appetite now began to fail him, and he grew feverish. His breathing became notably that of an asthmatic. The parents at length grew uneasy, and brought him to me Saturday, July 1st. The mother indulged the hope that the pebble might have been extruded in the attack of the week previous. That evening, however, a sharp, suffocative seizure satisfied me that

the foreign body was still in the air-passages. The boy after growing quiet had a fair night. The next afternoon, assisted by Prof. Cowling and Drs. S. H. Garvin and W. O. Roberts, I placed the patient under chloroform and opened the trachea in the usual way. While he was yielding to the anæsthetic a fit of coughing drove the pebble repeatedly against the walls of the trachea with a force quite perceptible to the hand. As soon as the edges of the incision in the trachea were separated the stone was ejected through the opening. It was white, flat, nearly circular, half an inch long, quarter of an inch wide, and weighed thirteen grains. The patient passed a good night. The phthisicy breathing troubled him no more; his cough ceased to be suffocative; and two days afterward he returned home.

LOUISVILLE.

CASE OF ŒDEMA OF THE GLOTTIS.

BY M. F. COOMES, M. D.,

Demonstrator of Anatomy and Clinical Lecturer on Ophthalmology and Otology in the Hospital College of Medicine, Louisville, Ky.

Dr. D. D. Thompson, of this city, consulted me on June 4th in regard to a case then under his care, the history of which is as follows: A child, seven months old, was left in the care of a nurse, who fed it some eggs, and the mother's supposition was that the child had been permitted to swallow a portion of the shell, and that a piece had lodged in the throat. The child was perfectly well up to the time the eggs were eaten. The mother removed a portion of the shell from the child's mouth when it was brought to her. Respiration became difficult at once, and continued to grow worse until death, which occurred on the fifth day after the accident. When I saw it the breathing was labored and characterized by the peculiar sound that accompanies œdema of the glottis. The child's temperature was normal, skin moist and warm, bowels in good condition, pulse a little accelerated, deglutition good, and the child nursed well. Examination by laryngoscope showed great œdema of the tissues immediately above the cords, as well as of the cords themselves. The epiglottis was also very œdematous near its base. No foreign body could be discovered, nor was there any thing that pointed to any particular portion of the larynx as being the seat of trouble. I got a very excellent view of the larynx in this case, a thing that might not be expected in so young a child. Circumstantial evidence was sufficient to show that the œdema was produced by some foreign body.

What should be done was then the important point to be considered. We could see no foreign body, nor were we able by any means to locate it, or to be positively certain that there really was a foreign substance in the larynx; consequently tracheotomy was not warrantable.

Were we justifiable in passing a probang into the larynx when we suspected the presence of a foreign body that was insoluble, which might be carried on into the trachea or bronchi, and produce a fatal result? We determined that surgical interference was not justifiable, on account of the patient's condition, and especially tracheotomy, because the child was very obese. I suggested the local application of a saturated solution of bromide of potash to the œdematous parts, which gave temporary relief, and possibly prolonged life.

LOUISVILLE.

Formulary.*

℞ Muriat. morphiæ ..... gr. j;
Camphoræ ..... gr. iij;
Tannic acid ..... gr. vj;
Confect. rosæ ..... q. s.

M. Divide into twelve troches. For simple Pharyngitis.

℞ Zinci sulph ..... gr. j;
Camphoræ ..... gr. j;
Aquæ rosæ ..... ℥ j.

M. Drop in eye four or five times a day in catarrhal Conjunctivitis.

*Communicated by various practitioners.

℞. Quiniæ sulph. ..... ℥ ss;
Ferri sulph. exsic..... ℥ ss;
Strychniæ sulph..... gr. j;
Acidi arseniosi..... gr. j;
Ext. aloes..... gr. v;
Ext. gent..... q. s.
M. Divide into thirty pills.

S. One pill three times a day as a tonic in obstinate Intermittent.

℞. Acidi hydrocyanic dil..... ℥ ss;
Acidi carbolic..... ℥ ss;
Syrupi toluntani..... ℥ iv.

M. S. A teaspoonful four times a day in the cough and vomiting of Phthisis.

℞. Muriat. morphiæ..... gr. ij;
Bismuth. subnitrat..... ℥ j;
Acidi tannic..... ℥ j;
Sacch. alb..... ℥ iij;
Pulv. acaciæ..... ℥ iij;

M. Ft. pulv. S. Use as snuff four to six times a day, in Chronic Coryza.

Reviews.

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M. D., London. Second American from the third revised and enlarged English edition. Illustrated by one hundred and eleven engravings on wood. Philadelphia: Henry C. Lee. 1876.

We are glad to announce the issue of a new edition of this admirable book. In its three hundred and sixteen well printed octavo pages it contains the best conspectus of the present state of pathology of which we know. As a text-book it is a model; and by the plain and simple manner in which it deals with the subjects of which it treats it will invite many practitioners back to a study too often neglected after student days. The several chapters are upon the cell, nutrition arrested, nutrition impaired, nutrition increased, inflammation, acute tuberculosis, pyæmia and septicæmia, syphilis; inflammation of non-vascular tissues, of common connective tissues, bone, blood-vessels, heart, lymphatic structures, mucous membranes, serous membranes, liver, kidney, brain, spinal cord, and lungs; phthisis; changes in blood and circulation, thrombosis, embolism, and leukæmia; and a final chapter on the preparation and mounting of specimens.

Correspondence.

AMERICAN MUTUAL BENEFIT ASSOCIATION OF PHYSICIANS.

To the Editors of the Medical News:

It has been our rule in life, in private and public, never to notice an anonymous communication. In deference, however, to your note at the foot of the communication of "Medicus" published in your issue of the 1st instant, we would say that our office is No. 2, Courier-Journal Building, where we shall be pleased to answer the anxious inquiries of "Medicus," who shows such deep interest in the affairs of the association; and we commend to him and others the following quotation from a circular sent to all members some time ago, and say to him, if he had read the circular he acknowledges having received, he would have found most of his questions answered without rushing into print:

"Our books and our office are at all times open to the inspection of all members, and we cordially invite you to call and see for yourselves at any time you may visit the city."

R. H. GALE, *Sec'y.*

LOUISVILLE, July 7, 1876.

Selections.

ON THE MEDICAL AND DIETETIC TREATMENT BEST ADAPTED TO THE PHYSICAL RESTORATION OF CONFIRMED INEBRIATES.—Robert P. Harris, M. D., Attending Physician to the Franklin Reformatory Home, Philadelphia (American Journal of Medical Sciences), says:

"Hyperæsthesia of the stomach amounts to a curious feature in the convalescent period with some patients, and remains for several days after the stage of intolerance evinced by emesis has passed, and the parties are enabled to eat with a good appetite. In

these cases the patient experiences a feeling of tenderness almost amounting to pain at the entrance of each mouthful into the stomach, and compares his sensations to those which would be felt by the dropping of a foreign body upon a raw surface. It is difficult to locate the seat of disease, whether in the cardiac orifice or greater curvature, but the feeling in the few cases we have seen was attributed to the latter. In the parties thus affected the stage of nausea had passed by for several days, and the appetite was excellent—in fact, too large for the assimilative powers. Hence in such subjects there is a great necessity of cautioning the party to check the indulgence of his appetite to avoid dyspeptic troubles, until he feels that the sensitiveness of the stomach has subsided. We have had no occasion to resort to any special medication.

"Hemorrhage from the bowels in inebriates, although sometimes from the small intestines, is almost always from the rectum, and follows the act of defecation, the loss in some cases being considerable. This should be arrested as soon as possible, or the exhaustion of the system may determine an attack of mania; and may usually be done by using a small hard-rubber syringe containing one, two, or three drams of a ten-grain solution of persulphate of iron immediately after each evacuation of the bowels. Two or three repetitions of this enema will in many cases arrest the hemorrhagic tendency. More than ten grains will produce too much smarting, and even this is pretty severe the first time it is used. By persevering in this we have been enabled to cure some cases of very long standing.

"The convulsions of drunkards, although in some instances ushering in an attack of cerebral congestion ending in coma and death, are, as a general rule, eclamptic in character, and due to reflex disturbance from the alimentary canal, the exciting cause being the presence of a large quantity of alcoholic drink recently taken. About fifteen per cent of inebriates appear to be affected at some time in this way, and we have seen as many as nine attacks in the same subject from one day's excessive debauch. Such patients usually recover readily upon the elimination of the alcohol taken, and may sometimes be benefited by bromide of sodium or potassium in a large dose.

"In treating the subject of mania in drunkards it will not be necessary for us to define and classify the different types of the disease, for, as all only require modifications of the same line of treatment, so we shall put them all under the general head of *mania à potu*. If the remedies used fail to prevent an attack of mania, or if the disease, which is oftener the case, is in its incipiency when we are called in, and we do not succeed in arresting its development, then our next endeavor should be to restore the patient to sound reason, which in the great majority of cases can be effected in from two to four days. We have in a few instances had parties as long as six, but they were subjects broken down by years of dissipation. Very much the same system of treatment is required in the disease itself that we have recommended for preventing its approach: bromide of sodium or potassium every hour; sulphate of morphia in quarter-grain doses repeated two, three, or four times at night, as may be required; good, substantial diet, with beef-tea between meals; and in very feeble, sleepless subjects hydrate of chloral, as a soporific and stimulant, in thirty-grain doses, at intervals of an hour, until from ninety to a hundred and twenty grains are taken. We have never had occasion to give more than the latter dose, although we have known the repetition at shorter intervals to be carried up to three hundred grains with safety. In the use of this drug it is highly important to secure a pure article, such as that made by Schering, of Berlin, or Squibb, of New York, in order that the risks in its employment may be diminished to the lowest possible degree.

"Secrecy in prescription is all-important in the treatment of inebriates, who unfortunately receive, as a general rule, entirely too much information about drugs. As one fifth of our drunkards are in the habit of resorting to their use, as well as alcoholic stimulants, and especially tincture of valerian, valerianate of ammonia, bromide of potassium, hydrate of chloral, and Hoffman's anodyne, it is better to avoid giving them any additional information to be made an improper use of. There are chloral drunkards who do not touch whisky, and there are whisky-drinkers who constantly resort to bromide of potassium under the impression that it is an antidote to the poisonous effects of alcohol, even taking the stimulant and drug at the same time. Drug clerks, from their knowledge and facilities for obtaining it, are particularly inclined, if they have any passion for stimulants, to make use of chloral, and sometimes to a large extent, as we know by having been consulted by them privately.

"We have entirely abandoned the use of all medicinal tinctures in the treatment of inebriates, as tending to keep alive a desire for drink; and have ceased to use hop-tea, wormwood-tea, capsicum, and highly-seasoned soups, which we largely used at one time, because we have found that patients do much better without them, and they are almost always associated in their minds with the use of beer or spirits. Inebriates use pepper, spices, horseradish, and condiments to an almost incredible degree when they can get them; and in state asylums, where there is always a number who have no desire for permanent reformation, one of their secret substitutes for whisky is Cayenne pepper stirred in milk. It would, therefore, be of very little value to use a few grains of capsicum upon a patient accustomed to consume large quantities of fiery spices.

"In maniacal attacks of a marked asthenic type, where the pulse is like a thread, and scarcely perceptible, we formerly resorted to the use of alcohol as a stimulant, using it with milk, at short intervals, and in small quantities, for a few hours, with marked benefit in some almost hopeless cases; but for a long time we have used chloral as a substitute, and with better effect, as it is both stimulant and hypnotic. Some patients will sleep and eat quite well, and wake up one, two, or three mornings, each time improving, but still a little deranged. Such cases simply require time and nourishment, as they have been mainly suffering from exhaustion. We will also occasionally find a case of *mania à potu* terminating in either a fixed insanity, or one of a temporary character and very mild type. The latter form we have seen but twice, and it was pleasant to mark the daily effect upon the intelligence of fresh air, exercise, and a generous diet. In such cases the perfect restoration of mind comes by slow degrees.

"Where there is great restlessness sleep is often delayed in *mania à potu* by the constant exercise of the patient upon his feet; and where the remedies appear to fail for this reason we have frequently succeeded by fastening the party in bed with wrist and ankle straps until in a profound slumber. In most of such cases the patient sleeps well, and often awakes almost fully restored.

"Sleep and food are really the main restoratives in our treatment, and the use of remedies is to induce the one and enable the party to take the other in liberal measure. The fact that a convalescent inebriate possesses generally a marvelous appetite, rapidly gains flesh in most instances, and continues unusually hungry at meal times for several weeks, shows how important and valuable food is in his case, and how great is the demand for it, after starving the system on alcohol.

"There are much greater difficulties, as we know by experience, in carrying out the system of treatment proposed in private practice than in an institution where the patient can be locked up and controlled. This is particularly the case with regard to the use of tobacco and the drinking of water. As ninety-four per cent of our inebriates use tobacco, it is no easy matter to keep them without it even for a few days. If it takes on the average with us but three days to prepare our patients to have the liberty of the house, and one week before they can be trusted to leave the building, then it should not in private practice require the time which appears to be usually taken to restore an inebriate to a state of comparative health. When we hear a patient declare that he was as well with us in three days as he was at home in fifteen, under the care of two physicians of acknowledged ability, there must be something in our management beyond the mere advantage of a better control; and this we attribute to the deprivation of tobacco, the use of very little water, the quiet seclusion enforced, and the entire absence of all alcoholic stimulants and substitutes for them, rather than to any special difference in the medicinal remedies employed.

"It is impossible to treat inebriates by any routine system, as their cases vary as much as their respective peculiarities of mind and character. All we can do is to establish certain principles of treatment, and then manage each case according to the peculiar conditions which present themselves. We do not propose to make an inebriate perfectly sound and well in all respects in a week. Many do claim that they feel so, and it is remarkable, in view of their former habits, how much changed they become in a few days; but it stands to reason that the perfect integrity of the nervous system can only be recovered, after the trials it has endured, by a slow and gradual process of restoration, occupying weeks or months, according to the peculiarities of each individual case. When we contrast our success of to-day in the treatment of *mania à potu* with what it was twenty years ago, when stimulants and opium were the chief remedies, and when we sometimes met with cases in which both were contra-indicated by the condition of the brain, we can not be too thankful that chemical experiment and clinical research have given us in the bromides and hydrate of chloral such active agents, and especially the former, and discovered their value in the class of cases which has been the subject of this paper. We do not think there is any diseased condition of system in which bromide of potassium and sodium have such a marked influence for good as in that which results directly from the poisonous effect of alcohol; but it is a mistake to rely too much upon them, and thus perhaps lose sight of the great importance of a proper supporting treatment. After the thirst for water subsides, there is no drink better adapted to remove any craving that may remain for alcohol than milk, and this is often resorted to by our walking cases of their own option. The various minor sequelæ of inebriety must be treated with quinia, iron, etc., according to their respective characters, but no tinctures or elixirs should be employed in any case. Renal disorders are quite common, but seldom serious or persistent, and yield readily to treatment based upon analysis as soon as the system is properly restored by the effects of nutritious diet."

PLASTIC DRESSING IN FRACTURES OF LOWER EXTREMITY.—Prof. D. W. Yandell, in a clinical lecture upon the use of plastic dressings in fractures of the lower extremities (American Practitioner), in the following forcible language urges their early application: It will oftentimes happen, however, that the opportunity to act with the promptness I have advised is not afforded you. You may not see the fracture

until after swelling has set in and the limb has grown painful and red and hot. What then? Why, do just this: Put the fracture up as soon as you can get your dressing ready. Go to work then and there, and encase the limb in some form of fixed apparatus. It may be Paris plaster, or eggs and flour, or glue and zinc, or liquid glass, or shoemaker's paste; only let it be something plastic, and apply it instantly. Those of you who have been following these lectures longest can not recall a single instance in which you ever saw me postpone dressing a fractured leg or thigh because of swelling in the parts. On the contrary, I have invariably inculcated that swelling and pain are to be regarded as but so many additional reasons for fixing the limb, for rendering it immovable, for placing the fragments so that neither the movements of the patient nor spasms of the muscles can disturb them. Pain, as Mr. Hilton in his lectures on that subject has so well expressed it, is a monitor—*the* monitor, as he puts it; and here it clearly seems placed to warn the surgeon against further delay in fixing the limb, and so fixing it that displacement can by no possibility again occur. Nor is swelling to be regarded as much the inferior of pain itself as a monitor. The two speak the same language. If you are truly wise you will heed alike the voice of both: their admonitions are the same; they are calls for rest; and I beg you to believe that the more quickly and the more perfectly you secure this, the more rapidly and the more completely will they quit the broken limb. Oftentimes the injury done to the soft parts by the ends of the bones being suddenly and violently displaced by muscular action, or by change in the position of the patient, gives rise to some of the greatest dangers which occur in fractures. Hence the sooner you adjust the fragments, and the more securely you provide against their subsequent displacement, the better you will have treated the case. Let neither pain nor swelling deter you from dressing the limb at once. If you see the fracture first at night, I pray you wait not till morning to put it up. Don't trust to sand-bags, or pillows, or splints, or this or that other device, and finally take your leave, saying you will call in the morning. A sight of mischief may occur between midnight and sunrise. . . . To conclude: What I wish to impress upon you to-day is, that the best time to dress these fractures is the first moment after they have been inflicted. Every moment of delay is hurtful. The best place is on the spot where they have occurred. Every inch the limb is moved is an injury. And, finally, no dressing is comparable to the fixed dressing.

Danger of Chloroform in Fissure of the Anus.—M. Nicaise calls attention (*Gazette Med.*) to the fact that fissure of the anus, and especially in its most serious form—the "intolerant fissure" of Prof. Gosselin—is generally accompanied by a well-marked condition of the nervous system, which renders its subjects highly susceptible to the action of chloroform. Forced dilatation, which is almost the exclusive means adopted for treating this affection in France, necessitates the use of chloroform; and it is therefore important for the surgeon to be aware of the danger which may attend its administration. A lady of very nervous temperament and pregnant two months, being the subject of the "intolerant" fissure, was put under chloroform, and soon fell into a state of resolution without prior excitement. After dilatation had been practiced the patient was found to remain still in an alarming state of resolution, the thorax being quite immovable and the pulse very feeble. The various efforts at restoration had to be continued for three quarters of an hour before respiration could be completely re-established. Vomiting was frequent. Although the quantity of chloroform used was very small, the patient was very near dying. To another nervous woman, forty years of age, chloroform was most carefully given, and after four or five inspirations she fell into a state of resolution without prior excitement. Dilatation was at once performed, and the patient came to almost directly—the whole having lasted but a moment. Had the chloroform been continued disastrous results might have ensued. In the case of a man aged twenty, also, a few inspirations produced anæsthesia and resolution. M. Nicaise does not think that chloroform need be renounced in these cases, but that the surgeon should most carefully watch the phenomena produced while administering it himself, and proceeding to the operation the instant that resolution is produced.—*Monthly Abstract, June*, 1876.

The Use of Proprietary Medicines.—The New York Medical Record, in a sharp criticism of the address made at the American Medical Association by its late president, says: "It is our duty and privilege to use any thing and every thing in the shape of medication which may be of service to our patients. We should fulfill these conditions without recourse to proprietary medicines. Even granting that some quack may throw a valuable remedy in our way, we have the facilities for ascertaining its quality and composition; but failing to do so, we should not, as scientific men, use it at all. In other words, we have no right to prescribe any remedy the composition of which we are ignorant. It is often said by physicians in regard to proprietary medicines, 'I know that this compound is a good one, and I use it.' This is well enough as far as it goes; but unless the prescriber takes pains to ascertain upon what the good effects of such a remedy depend he ignores all the claims of scientific therapeutics and sinks into the hopeless imbecility of aimless empiricism. While

we are willing to admit that this evil of striking at disease in the dark is secretly winked at by many physicians, it is nevertheless radically wrong, and should, far from being excused, be unqualifiedly condemned as a disgraceful method of dodging the sacred obligations which we owe to our patients, and of sacrificing the best interests of legitimate medicine. As a rebuke to the sentiments of the president on this question, we notice a coincidence almost providential in its significance, in the rejection of one of the papers read before one of the sections of the association because its author advocated the claims of a secret remedy."

"Fools Rush In."—At the Westminster Aquarium, about a month since, Dr. Aldred had an epileptic seizure. Amongst the persons present was one who inquired if any of the gentlemen around had a lancet. Such an instrument was found in the possession of a house-surgeon from a neighboring hospital, who, imbued with the idea that the person asking for it was a surgeon, handed to him the instrument. Having received the lancet, the man to whom it was given began to use it by puncturing the skin at the bend of the elbow. Another medical practitioner looking on suggested that the lancet was not being properly directed in order to bleed the patient; it was, in fact, being thrust into the tendon of the biceps. The operator then attacked a vein lying over the brachial artery, and actually punctured the artery itself. As a result of this injury, Dr. Aldred has since been suffering from traumatic aneurism; and, after several consultations, it was finally decided last Saturday to tie the brachial artery. This was accordingly done by Mr. Durham, in the presence of Sir James Paget, Mr. W. Adams, and others, and we are happy to state that to-day (Wednesday) Dr. Aldred is progressing favorably. It now appears that the person who punctured the artery was not a medical man, but a German tradesman resident in London. What must have been his temerity! He bled one doctor with a lancet borrowed from a second, and in the presence of a third member of the profession, who looked on. Vivisection of this kind we would all like to see made penal.—*British Medical Journal.*

Injection of Quinine in Gonorrhea.—Radha Nauth Roy, Assist. Surgeon, extols (Indian Medical Gazette, May, 1876) the efficacy of injections of quinia in gonorrhea. He states: "I was once tempted to try it in a case of acute gonorrhea, where scalding was unbearable and discharge profuse, and to my utter surprise after the third day I found the man quite relieved. He described to me the soothing effect of the injection as something cold, like ice. The discharge was so much diminished that his clothes were scarcely stained after the third day. There was no more incessant desire to void the bladder, and he was to all appearance comfortable. My success in this case made me bold enough to use it in other cases, and I have invariably found the disease yield both in its acute and chronic stage under its influence. It acts as a tonic and astringent to the mucous membrane of the urethra. I have also used it in some cases of cystitis with much benefit. I generally use it dissolved in sulphuric acid, diluted, mixed with rose-water. Two grains of quinine sulph. dissolved in acid sulph. dil. m. viij or m. x, and mixed with an ounce of rose-water; to be used twice for injection. At the same time I give copaiba mixture to my patients. In almost all the cases I have found it act like a charm. The disease is generally cured within a week, but chronic cases take a longer time. In a few acute cases it took more than a fortnight, but the delay in them was attributable to their irregular habits during the treatment."

Imperfect Mastication as a Cause of Diarrhea.—Dr. A. W. Edis calls attention (The Practitioner) to what he justly considers a frequent cause of diarrhea—viz., deficient mastication from defective or decayed teeth. It is also most certainly a very frequent cause of dyspepsia in various forms, and the only mode of relief for these ailments is by having adjusted properly in the mouth artificial teeth to assist in mastication.

Salicylic Acid in Diphtheria.—Dr. J. Lewis Smith has within the past few months been testing the efficacy of salicylic acid to check the blood changes in diphtheria. The result of his observations is that it is obviously without avail, even in cases where there is tendency to renal complication and where it was supposed most good would result.—*New York Medical Journal.*

Arrest of Convulsions by the Sinistro-lateral Posture.—Dr. F. J. Brown states (The Practitioner) that he has seen two cases of convulsions arrested almost instantly by turning the patient over on the left side, a procedure which he adopted from experience of its good effects both during chloroform inhalation and subsequently in the stage of recovery from the anæsthetic, as first employed by Mr. Bader. Dr. Brown states that "a few months since a man suffering from Bright's disease was seized with uræmic convulsions in my presence. I turned him upon his left side, and the convulsions ceased instantly. Recently a man, aged fifty-six years, in impaired health from chronic catarrh, was seized with unilateral (right) convulsions. His consciousness and power of speech were intact. He had been convulsed for ten minutes when I entered the house, and he was growing worse. I turned him over on his left side,

and the convulsions ceased in about ten or fifteen seconds. He had experienced a similar seizure on December 9, 1875. I hasten to report these cases, for I am certain that marvelous results will be obtained in convulsive diseases (possibly even in epilepsy) by sinistro-lateral posture."

Miscellany.

ORANGE-PEELS ON THE SIDEWALKS.—To some thoughtless people it is an amusing sight to observe an old gentleman sliding on an orange or banana-peel, and after a vain attempt to catch at empty air, falling heavily on the hard stones. But the accident has oftentimes serious consequences. In London, where bananas are not sold on the street, the orange-peel nuisance appears to be at certain times quite as intolerable as it is here. The London Medical Times relates that during last Christmas-day and the Sunday following the surgical officers of the various metropolitan hospitals were actively engaged in attending to an extraordinary number of accidents, many of which were due to, or perhaps it would be safer to say were attributable to, the culpable carelessness of the lower classes in strewing the pavements with orange-peel. In St. Thomas's Hospital from Christmas-eve to Sunday night upwards of sixty cases of street casualties were attended. One man received a severe scalp wound through a fall, and he remains in a very dangerous state; another man fell and broke his leg; and a woman was admitted with a broken arm from a similar cause. In St. Bartholomew's Hospital a number of casualties were attended, and the officials at Westminster, Charing-cross, and King's College Hospitals were fully employed.

—The following publications are desired by the National Medical Library, under the charge of the Surgeon-general of the United States Army, at Washington: The Transactions of the Kentucky State Medical Society for the second, third, fourth, and the sixth, seventh, eighth, ninth, tenth, eleventh, and twelfth annual meetings. These comprise the transactions for the years 1853, '54, '55, '57, '58, '59, '60, '61, '62, and '63. They are especially wanted at the present moment to complete the subject catalogue now being made. As they can not be procured through the ordinary channels of trade, physicians who have any of the above publications will confer a favor by contributing them to the National Library. Address Jno. S. Billings, Ass't Surgeon U. S. A., Librarian, Surgeon-general's Office, Washington.

—According to the Daily News' correspondent, Malta is not the place for a medical man desiring to realize a fortune. The professional fees of physicians and surgeons are regulated by an ordinance of council, and are absurdly small. For a visit between sunrise and two hours after sunset the "professor" is entitled to only one shilling; for a consultation his fee is an additional two shillings. For a medical certificate the tariff is half a crown.—*British Medical Journal.*

DEATH IN A TURKISH BATH.—Intelligence has been received of the sudden death of the Rev. James Sym, of Arbroath. Mr. Sym expired while in the Turkish baths in Glasgow, on Monday, 22d, after taking a bath, He was in the forty-sixth year of his age, and had retired from the active duties of his living in consequence of ill health.—*British Medical Journal, June* 3, 1876.

—A well-known dentist in Paris has been arrested, accused of having for four years past, while drawing and cleaning teeth, introduced slow poison into rich patients' mouths, at the instigation of their heirs, and thus committed many murders. Two hundred witnesses have been subpœnaed.

OBITUARY.—On the 20th of June, 1876, at Marlowe House, Hemel Hempstead, Hertfordshire, England, Robert Merry, M. D., F. R. C. S. E., uncle of W. H. Merry, M. D., of this city, aged sixty-six.